

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>5</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>1</td><td>7</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>		M	M		0	5		D	D		1	7		Y	Y	Y	Y	Y	Y	2	0	1	6		
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Purpose of Expenditure VOTER MAIL		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>5</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>1</td><td>6</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>	M	M		0	5		D	D		1	6		Y	Y	Y	Y	Y	Y	2	0	1	6		
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Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>4</td><td>9</td><td>8</td><td>1</td><td>9</td><td>.</td><td>4</td><td>5</td></tr> </table>	4	9	8	1	9	.	4	5	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																
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Full Name of Payee DIRECT SUPPORT SERVICES INC		Date of Public Distribution/Dissemination <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>5</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>1</td><td>6</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>		M	M		0	5		D	D		1	6		Y	Y	Y	Y	Y	Y	2	0	1	6		
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

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SCOTT B MACKENZIE

[Electronically Filed]

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
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Full Name of Payee INTEGRAM		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 8421 HILLTOP RD		Amount 11650.15	
City FAIRFAX	State VA	Zip Code 22031	Transaction ID : SE.46742
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		76284.26	

Full Name of Payee LEGACY LIST MANAGEMENT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 1498.58	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46743
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
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		77782.84	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13148.73
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	32168.09

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SCOTT B MACKENZIE

[Electronically Filed]

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09 / 19 / 2016

Signature